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## *Facsimile Transmittal*

**DATE:** December 9, 2004

**TO:** USPTO

**ATTN:** EXAMINER Nguyen

**RE:** Serial No. 10/632,651

**FAX :** (703) 872-9306

**FROM:** George C. Pappas

**Number of Pages Sent:** 22 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT TRANSMITTAL FORM IN  
(1) PAGE; AND AN AMENDMENT IN (20) PAGES;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

12/9/04

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 020556  
In Re Application of: Octavian Florescu  
Serial Number: 10/632,651  
Filed: July 31, 2003  
Examiner: Linh M. Nguyen  
Group Art Unit: 2816

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	31	33	0	x \$50 =	\$0
Independent**	5	5	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$110	\$
				\$420	\$
				\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$0

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 12/9/04

Signature: George C. Pappas, Reg. No. 35,065  
858-651-1306QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 12/9/04

## FACSIMILE

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Depositor's Name: Darla Kasmedo

(type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)

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PATENT

**Docket: 020556**

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

### In Re Application of

## Octavian Florescu

**Serial No. 10/632,651**

**Filed: July 31, 2003**

**For: DELAY MATCHING FOR CLOCK DISTRIBUTION IN A LOGIC CIRCUIT**

Group No. 2816

**AFTER-FINAL AMENDMENT UNDER 37 C.F.R. § 1.116**

**Mail Stop Amendment AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

In response to the final Office Action mailed September 17, 2004, the period of response for which runs through December 17, 2004, please amend the application as follows.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Depositor's Name: Darla Kasmedo

(Type or print name)

**Signature:**